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Clinical Psychology



Adaptation of an existing NHS resource pack for use with a young person living in a Residential Care Home (*Hazel Sharpe, Talking about restraint*)

Stream 3 of the wider project: Gathering feedback and measuring outcomes and change with Children and Young People with Learning Disabilities (LD)
Good practice example from 'Hearing the Voice' of children and young people with moderate, severe or multiple and profound learning disabilities

We were interested in hearing about helpful ways to listen to the 'voice' of children and young people with moderate, severe or profound and multiple learning disabilities. When we say 'voice' we mean communication, in whichever form works best for the child or young person.

We asked people to write a summary of what they are doing and send it to us. Below we list summaries of what people did, what was helpful and what were the barriers. The summaries contain lots of ideas that can be applied to working with children and young people of different ages with a range of complex needs across the levels from own life, through service development, training and research and community and cultural change.

Find more information here:

<https://www.corc.uk.net/outcome-experience-measures/feedback-and-outcome-measures-for-children-and-young-people-with-learning-disabilities/>

Good practice example from ‘Hearing the Voice’

Gathering feedback and measuring outcomes and change with Children and Young People with Learning Disabilities (LD)

PROJECT SUMMARY

We adapted an existing NHS resource pack (My Restraint Story) for use with a young person resident in a Children’s Disabilities Residential Care Home. The Positive Behaviour Support (PBS) Team provided resources and training to care home staff who did direct work with the young person. The PBS team then took the information and incorporated it into the young person’s PBS plan and used it to inform staff development.

WHAT WE DID

The aim of this project is to try to understand what a young person feels about being restrained when they are unable to express this verbally. We have adapted the ‘Talking Mats’ process to capture a young person’s thoughts and feelings following an incident of restraint.

We’ve been meeting as a Restraint Reduction Network in Sussex. We were given a debrief document from but we have found that Talking Mats are less formal, more appropriate and familiar to the young person.

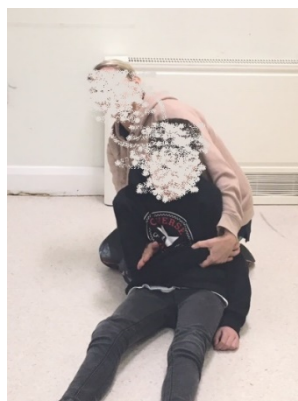
Before a debrief session, we have a pack ready with two bits of felt (we let the young person know this is where ‘like’ goes and this is where ‘don’t like’ goes), generic pictures of the house, images of feelings, picture of a body, photos of staff, photos of restraint holds demonstrated by staff and another young person. We start by chatting to the young person and then the preferences are put in the middle of the two felt mats.

The debrief process starts with ‘are you hurt now and where’ using the picture of the body – this is child-led so does not always follow the same pattern.

Typically, the young person is asked how she is feeling. The young person normally talks about how she was feeling before the incident. Then the facilitator asks ‘where did you start to feel sad?’ and young person chooses a location. Then the young person will be asked about how they feel in their body and there will be a picture of a body to prompt. Then we talk about restraints if the young person is still engaged (may need a break). The facilitator will be talking about the people involved in the restraint. The young person might show/say that a member of staff was making her feel cross.

Then the young person is shown pictures of restraint and asked about how she experiences this. It is important to manage expectations so that the young person knows that they may not like it but sometimes staff may need to do the restraint in order to keep the young person safe.

The people who facilitate know the young person well and are good at communicating with her. This is a multi-agency approach as we need to work closely with all people supporting the young person.



Good practice example from ‘Hearing the Voice’

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WHAT HELPED?

The young person will often use echolalic speech that does not properly represent her feelings. She does reliably pick images that help her express herself better. The more emotionally charged a topic, the more she will rely on echolalia or go off on tangents. The images help her to stay on subject. Staff who do the sessions with her describe her visibly relaxing as she shares her story.

While it is impossible to say we will not use an identified restraint again, having the conversation around why it is used is helpful to the young person. It also flags up the need to readdress this after every restraint.

WHAT WERE THE BARRIERS?

In our example the young person identified a restraint as “not liked”. It was impossible to tell her we would not use that restraint, but the conversation around why and when it is used was felt helpful. It also highlighted the need to revisit this in any further de-brief after restraint.

It took some time to create resources and find images that represent the restraint meaningfully to the young person.

Once hold was identified as “not likes” it was hard to establish with staff what the instruction in the PBS plan to “avoid” its use meant. In practice, the hold is only used when absolutely necessary. We wanted to represent the child’s voice. Including the comment may not change practice -there was a danger that staff would not use a hold that was required to keep the child safe.